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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # F94000004786 (9)

TELESIS MERGERS & ACQUISITIONS, INC. Principal Place of Business Mailing Address 785 FRANKLIN AVENUE 12670 NEW BRITTANY BLVD FRANKLIN LAKES NJ 07417 STE #101 DO NOT WRITE IN THIS SPACE FT MYERS FL 33907 3. Date Incorporated or Qualified 09/15/1994 2a. Mailing Address 2, Principal Place of Business 4. FEI Number Applied For 195 FRANKUN AVENUE 22-3268596 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be FRANKLIN L AKES 23 Added to Fees Trust Fund Contribution This corporation owes or has paid the current year Intangible Zip Country USA 25 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent ROYSTON JR, ROBERT D COSTELLO, SIMS & ROYSTON Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD, #101 в3 FT MYERS FL 33907 Zip Code 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE					
			Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	PCDT	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
NAME	ROA, FRED	DECEME	12 NAME		Las racifici
STREET ADDRESS	497 ISLAND WAY		1.3 STREET ADDRESS		
CITY - ST - ZIP	FRANKLIN LAKES NJ	T oc.ess	1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE	Change	☐ Addition
NAME	CUMMINS, DONALD L		2.2 NAME		
STREET ADDRESS	1500 COLONIAL BLVD, #222		2.3 STREET ADDRESS		
C/TY - ST - ZIP	FT MYERS FL		2 4 CITY-ST-ZIP		
TITLE	VDS	DELETE	3 1 TITLE	☐ Change	Addition
NAME	APRUZZESE, ANN M		3.2 NAME		
STREET ADDRESS	580 WYCKOFF AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREFT ADDRESS			63 STREET ADDRESS		
CITY, ST. 7IP		1	6.4 City, ST-7iP		

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental enrural report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the resolver or trissee empoyated to exempt this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attraction and details.

SIGNATURE:

Myr